

Exhibit A

<p style="text-align: center;">CHARGE OF DISCRIMINATION</p> <p style="font-size: small;">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 440-2024-08383 </div> </div>
Illinois Department of Human Rights and EEOC <small>State or local Agency, if any</small>	

Name (indicate Mr., Ms., Mrs., Mx.) Ms. Dawn Newell	Home Phone (Incl. Area Code) <div style="background-color: black; height: 20px; width: 100%;"></div>	Date of Birth <div style="background-color: black; height: 20px; width: 100%;"></div>
Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>	City, State and ZIP Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Email Address <div style="background-color: black; height: 20px; width: 100%;"></div>

Street Address c/o Mohammed O. Badwan, Sulaiman Law Group, 2500 S. Highland Ave., #200, Lombard, IL 60148	City, State and ZIP Code IL 60148	Email Address mbadwan@sulaimanlaw.com
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Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name Perdoceo Education Corporation d/b/a Career Education Corporation	No. Employees, Members 15+	Phone No. (Include Area Code) 224-653-7808
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Street Address 1750 E GOLF RD STE 350	City, State and ZIP Code SCHAUMBURG, IL, 60173-5041	Email Address AskHRServiceCenter@perdoceoed.com
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Name 	No. Employees, Members 15+	Phone No. (Include Area Code)
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Street Address 	City, State and ZIP Code 	Email Address
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DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify below.)</div> </div>	DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 12/2023 </div> <div> Latest 3/14/2024 </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> CONTINUING ACTION </div>
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THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I, Dawn Newell (disabled), was employed by Career Education Corporation as a Senior Admissions Advisor from February 2020 until March 14, 2024, when I was unlawfully terminated on the basis of my disability. I have a physical/mental impairment that substantially limits major life activities. Regardless of my disability, I was qualified to perform the essential functions of my job, with or without reasonable accommodation.

The following is a non-exhaustive list of the disability discrimination, disability harassment, and retaliation I was subjected to:

In Fall 2023, I was the victim of a car accident. As part of my treatment, I underwent an MRI scan and physical therapy.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
<div style="display: flex; justify-content: space-between;"> <div> 04 / 15 / 2024 <hr style="width: 100%;"/> <small>Date</small> </div> <div> <hr style="width: 100%;"/> <small>Charging Party Signature</small> </div> </div>	

CHARGE OF DISCRIMINATION

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Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

Illinois Department of Human Rights

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

In or around December 2023, by way of the aforementioned MRI scan, my doctor discovered that I had Multiple Sclerosis. I told my then-Supervisor (Sally Eckert) about my diagnosis. Shortly thereafter, I was assigned to a different Supervisor (Judith Walker), and I informed her about my diagnosis as well.

In or around January 2024, once my employer-provided health benefits reset for the year, I began scheduling and attending doctor's appointments relating to my Multiple Sclerosis diagnosis. In or around late January 2024, I attended an appointment with a neurologist. In or around late February 2024, I attended another appointment with that neurologist, and he informed me that he needed a higher-quality MRI scan. We scheduled that scan for March 22, 2024.

My Supervisor, Judith Walker, was aware of both of these appointments, and the fact that I had several other appointments coming up, which would require expensive scans and treatments (to be charged to my employer's insurance plan).

On or around March 14, 2024, my employer released the "Advisor Leaderboard." Consistent with my record as a top performer on my team, I was listed on the Leaderboard. Later that same day, however, Judith and another Director (Melissa Garcia) called me into a meeting and told me that I was being terminated due to a performance issue. Specifically, they stated that I had been "hanging up the phone on multiple people." I have no idea what they were referring to as I have never hung up on anyone. I asked to hear the calls they were referring to, and they refused. Judith then stated, "your insurance benefits will be discontinued as of tomorrow, March 15."

In sum, my performance has always been satisfactory and I did not engage in the conduct for which I was purportedly fired, and my termination came just weeks after I informed my employer of my Multiple Sclerosis diagnosis and began seeking treatment for the same using my employer's insurance plan. Thus, I have been discriminated against because of my disability and retaliated against in violation of the Americans with Disabilities Act, as amended and (775ILCS 5/) Illinois Human Rights Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

04 / 15 / 2024

Date



Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)